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May 2, 2019

CERTIFIED MAIL

Mr. Lenard Winnicki, Administrator  
Illinois Veterans Home - Anna  
792 North Main  
Anna, IL 62906

Licensure # 0046599  
Survey Date: April 30, 2019  
Survey Type: Complaint: 1952702/IL111311

Dear Administrator:

Pursuant to the Illinois Nursing Home Care Act, a Complaint licensure survey was conducted at Illinois Veterans Home - Anna on April 30, 2019 by staff of the Illinois Department of Public Health. As a result of that inspection, no licensure findings were identified (See Enclosure #1, CMS Form 2567L.)

If you have any questions concerning this notice, please contact my staff at (217) 782-5180. You may also telephone the Department's TTY number for the hearing impaired at 1-800-547-0466.

Sincerely,

Sherry Barr  
Division of Quality Assurance  
Office of Health Care Regulations

cc:  
Illinois Department on Aging  
Linda Chapa Lavia, Registered Agent  
Licensure Only No Finding/LL

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6014120</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/30/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>ILLINOIS VETERANS HOME - ANNA</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>792 NORTH MAIN</b> <b>ANNA, IL 62906</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S 000	Initial Comments  Complaint 1952702/111311  The Illinois Veterans Home of Anna is in compliance with the Illinois Veterans Home Code (77 Illinois Administrative Code 340) for this survey.	S 000			

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE